



COMMISSION ON GOVERNMENTAL ETHICS AND ELECTION PRACTICES
Mail: 135 State House Station, Augusta, Maine 04333
Office: 45 Memorial Circle, Augusta, Maine

Website: www.maine.gov/ethics

Phone: 207-287-4179 Fax: 207-287-6775

## 2010 STATEMENT OF SOURCES OF INCOME (1 M.R.S.A. §§ 1016-A - 1019)

Covering the calendar year January 1, 2010 through December 31, 2010

Please file this statement with the <u>Clerk of the House</u> or <u>Secretary of the Senate</u> by 5:00 p.m. on February 18, 2011. Please contact Commission staff at 287-4179 or come to the Commission office at 45 Memorial Circle, Augusta, if you have any questions about this form, your reporting requirements, or how to report specific situations.

	LEGISLATOR INFORMATION	
Name Alexander Wille	He	Office:  Grante  Grante
Mailing address Pら Bっょて		District
City, zip code Mapleton, O	4757	Phone 707-689-833 3
PART 1. INCOM	IE DERIVED FROM EMPLOYMENT BY AN	IOTHER
List the name and address of each employer fro economic activity of each employer.	m whom you received compensation of \$1,000	or more. Specify the principal type of
None		
Name of Employer	Address	Principal Type of Economic Activity of Employer
Wal-Mart	789 Main St Presque Ishe	Retail
PART 2. INCOME DEF	RIVED FROM SELF-EMPLOYMENT OR LA	W PRACTICE
A. List the name and address of your business or derived income. If associated with a partnership, activity or practice of that entity.		
☐ None		
Name and Address of Business Entity or Law	Firm Major Areas of Economic Activity, Law Practice (self)	Major Areas of Economic Activity/ Law Practice (partnership, association, firm or similar business entity)
Name: Address:		
Name: Address:		
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PART 2 (continued). INCOME DERIVED FROM SELF-EMPLOYMENT	
B. List each source of income derived from self-employment or law practice that represents more than 10% of your gross income \$1,000, whichever is greater, and specify the principal type of economic activity of the entity or person from whom you derived su income. If this form of disclosure is prohibited by law, rule, or an established code of professional ethics, specify only the principal type economic activity of the entity or person from whom the income was derived.	rch.
Principal Type of Economic Name and Address of Source Activity of Entity or Person Who the Source of the Income	is
Name:	
Address:	was a cultura.
Name:	
Address:	Name <b>all</b> accessor
PART 3. OTHER SOURCES OF INCOME	
List each source of income of \$1,000 or more <u>not listed</u> in Parts 1 or 2 of this form. Do not include gifts or honoraria. If none, check the box.	
☐ None	
Name and Address of Source Kind of Income (investments, leases, etc.)	
Name:	
Address:	
Name:	
Address:	
Name:	MINISTER .
Address:	
PART 4. REPORTABLE LIABILITIES	***************************************
List the names of creditors for any <u>unsecured</u> loans of \$3,000 or more that you received during the reporting period, and list the majereas of economic activity of each creditor. Do not list credit card liabilities, educational loans, loans from a relative, or business loans from regulated financial institutions. If none, check the box.	or or
☐ None	nemento di Primini di
Name and Address of Creditor Principal Type of Economic Activity of Creditor	And the Comments
Name:	
Address:	
Name:	tenhóltonio
Address:	
PART 5. REPORTABLE GIFTS	4
List the specific source of gifts received during the reporting period with an aggregate value of more than \$300. If none, check the box.	
□ None None of Source of City	indestrice min
Name of Source of Gift  1. Name of Source of Gift  3.	
2. 4.	************

PART 6. RE	EPORT	ABLE HONORARIA	
List the source of any honoraria accepted for appearances or	speech	es. If none, check the box.	
None			
Name of Source of Honoraria		Name of Sou	urce of Honoraria
1.		3.	
2.	MARKAPINA Markapina Company	4.	section from the section of the sect
		N BEFORE STATE AGENCIES	
List each executive branch agency before which you represe box.	ented or	assisted others for compensation	of any amount. If none, check the
None			**************************************
Name of Agency		Name	of Agency
1.		3.	
2.	10 A Anthonic S COCCUT AND CONTRACTOR CONTRA	4.	
PART 8 BUSIN	ESSM	/ITH STATE AGENCIES	
List each executive branch agency to which you or a member	er of you	ur immediate family sold goods o	r services with a value in excess of
\$1,000 during the reporting period. Indicate whether you or a  None	family n	nember sold the goods or services	. If none, check the box.
Name of Agency	irang s	Name	of Agency
1.	остопостичностичностичности	3.	2(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
2.		4.	
		MEMBERS OF IMMEDIATE FA	
List the type of economic activity representing each source of dependent child(ren) during the reporting period and the kind of \$1,000 or more, list his or her name and job title. List only that include gifts.	l of incor	me represented. If your spouse o	r domestic partner received income
		Type of Economic Activity	
Name of Spouse or Domestic Partner and Job Title		presenting Source of Income Received	Kind of Income
Name:	1.		1.
Job Title:	2.		2.
	3.		3.
Dependent Child(ren) - Job Titles Only			
Job Title:			
Job Title:	Edit de militare de marce de la companya del companya del companya de la companya	A CONTROL OF THE PROPERTY OF THE CONTROL OF THE CON	Philippi Michigan and a market
Job Title:			

held any office,	it or nonprofit corporati trusteeship, directorshi	p, or position	of any nature. In	ndicate whether v	ou or a family held	f the position ar	mmediate family nd whether the posi
now any onice,	a assessmp, uncutionsili	p, or position	ਹਾany Hattile. H	roreate whether y	ou ora ramilly neig	rime position al	no whether the post
tion was compe	nsated. If a family mer	nber listed, in	dicate your relati	onship and the n	ame of the family r	member.	
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	Organization/Busin	ess		10	Position Held	Family Memb	per's Compen-
	and Address			Title	By:	Name	sated?
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